

HUMAN RESOURCES OFFICE TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION

Number: 05-33

21 June 2005

ANG Technician Permanent Change of Station (PCS) Authorization Process

- 1. All Permanent Change of Station (PCS) requests for California Air National Guard employees must be approved in advance by the Directorate for Human Resources. Employees are cautioned not to begin PCS actions which must be reimbursed without prior written approval in the form of a PCS order. The process is as follows:
 - a. Commander/Director/Supervisor begins the process by requesting the PCS utilizing a memorandum or annotating PCS authorized on the SF-52, Request for Personnel Action. Forwarded along with the request is the employee completed DD Form 1618, DOD Transportation Agreement, CNG PCS Questionnaire, and the Withholding Tax Allowance Statement. A request which is missing or has incomplete forms will be returned for corrective action and the employee's personnel action may be delayed.
 - b. On receipt of the documents requesting a PCS, the Directorate for Human Resources will coordinate with the Wing Comptroller to verify funding availability and procure the Wing Comptroller's certification on the official order. The HRO will publish all ANG PCS orders.
 - c. The employee may begin PCS actions after receipt of the PCS authorization (orders), as allowed by the Joint Travel Regulation Volume 2.
 - d. After the completion of each stage of the PCS, the employee will complete the DD 1351-2, Travel Voucher and forward it to the Directorate for Human Resources for approval. The HRO will then forward it to the appropriate Wing Accounting and Finance Office for payment.
- 2. Direct questions concerning this TAAI to CMSgt Michael Hunt at DSN 466-3354 or (916) 854-3354; or SSgt Latesha Nelson at DSN 466-3174 or (916) 854-3174.

tain, CA ANG

puty Human Resources Officer

Enclosures DD Form 1618, DoD Transportation Agreement CNG PCS Questionnaire Withholding Tax Allowance Statement

DISTRIBUTION:

Air: TA

DEPARTMENT OF DEFENSE (DOD) TRANSPORTATION AGREEMENT TRANSFER OF CIVILIAN EMPLOYEES TO AND WITHIN CONTINENTAL UNITED STATES (CONUS)

(48 Contiguous States and the District of Columbia)

PRIVACY ACT STATEMENT

(5 U.S.C. §552a)

AUTHORITY: 5 U.S.C. §5701, §5723, §5724, and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used to establish Government time in service requirements in order for the employee (including new appointees or student trainees) to be eligible for travel and transportation expenses when transferred to and within the Continental United States (48 contiguous States and the District of Columbia).

ROUTINE USE(S): In addition to being used by officials and employees of the applicant's Service in determining eligibility for travel and transportation expenses, the information contained herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances.

DISCLOSURE: Voluntary; however, completion of this form is necessary before transfer can be authorized and expenses paid. The personal information requested is necessary to properly identify the employee.

Α.	EMPLOYEE NAME (Last, First, Middle Initial)	B.	EMPLOYEE SSN	C.	NEW APP TRAINEE YES	OIN	TEE OR STUDENT
D.	REPORT DATE TO NEW OR FIRST PERMANENT DUTY STATION (PDS) (YYYYMMDD)	E.	E. NEW OR FIRST PDS LOCATION				
F.	SIGNATURE OF DESIGNATED CIVILIAN PERSONNEL OFFICER/HUMAN RESOURCES OFFICER OR DESIGNEE	G.	ACTUAL RESIDENCE A (To be determined at time				TMENT

- 1. 5 U.S.C. §5723 and §5724, as amended, provide, under certain conditions, for travel and transportation expenses of an employee (including eligible new appointees or student trainees in certain circumstances), appropriate allowances for the employee's immediate family, movement and storage of household goods (HHG) and personal effects, and certain other allowances incident to an appointment or transfer to and within CONUS. Under the law, the allowances are not authorized unless an employee agrees in writing to remain in the Government service for a minimum of 12 months. Accordingly, to establish eligibility for the authorized allowances, the following agreement must be executed.
- 2. I understand and agree that:
- a. I will remain in Government service for a minimum of 12 months beginning with the date I report for duty at my new or first PDS, unless I am separated for reasons beyond my control that are acceptable to the agency concerned.
- b. If I fail to serve the required minimum period of time, or if I am removed for cause before expiration of the required minimum period of service, I am obligated and will, upon demand, repay to the Government a sum of money equivalent to what the Government paid for travel and transportation expenses and related allowances associated with the transfer of myself and my dependents, e.g., househunting trip expenses, HHG storage and shipment, privately owned vehicle shipment, CONUS temporary quarters subsistence expenses, (but not OCONUS temporary quarters subsistence allowance), real estate and/or relocation expenses, miscellaneous expenses, and any other related allowances incident to my transfer, from beginning point of travel to the PDS. The employing Agency may withhold any final pay due to me to apply against or liquidate any indebtedness arising from a violation of this agreement. I understand that the amount of indebtedness will be determined in accordance with the provisions of JTR, Chapter 4, Part H, which provide, in connection with a transfer to CONUS, that I will be credited with any unused earned entitlement for return transportation and travel to my actual residence upon separation from my PDS outside CONUS.
- 3. I understand that the period of service specified above is for the sole purpose of establishing my eligibility for payment of travel and transportation expenses, and other related allowances which may be authorized.

(Continued on Back)							
H. EMPLOYEE SIGNATURE	I. DATE SIGNED (YYYYMMDD)						

	ATIONAL GUARD TECH		
EMPLOYEE NAME:		DATE:	
Home Phone:	Work Phone:	Cell Pho	ne:
E-mail Address:		_	
DEPENDENT INFORMATION			
NAME	RELATIONSHIP8	SSAN	DATE OF BIRTI
1 2			
3.			
4			
5			
Current Address:			and the second s
HOUSE HUNTING TRIP (HH	<u>r)</u>		
Will you require a house huntin	g trip for you and/or your s	spouse? Yes	_ No
Who will travel for the HHT? E Number of days requested for l	mployee Only	mployee and Spot S):	use
italliber of days requested for t	The transfer of the transfer o	-/·	
HOUSEHOLD GOODS (HHG)		
Mode of transportation request	ed for HHG (Government of	or Rental Truck): _	
Estimated weight of household	goods to be shipped (Max	kimum 18,000 LBS	S):
Will you require temporary stor	age of HHG? YesN	10	
Will your dependents be movin	g with you? Yes No		
If no, estimated date to follow (within two years of report	date):	
REAL ESTATE OR LEASE			
Will you have expenses for the	settlement of an unexpire	d lease?	
Do you have a home to sell?	res No		
Market value of home to be so Estimated cost of new home to	ld:		
Estimated cost of new home to	be purchased:		
SIGNATURE OF TECHNICIAN	.1		DATE

Withholding Tax Allowance Statement

NAME:	SSN:	
the required certified ta requirement will preclude	any excess amount of WTA paid to me in a information. I understand failure to payment of the WTA. I also understand the ITA claim is not submitted within 120 days	comply with this at the entire WTA is
	Signature	Date